

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. ....

Registered No. ....

### 1. PLACE OF BIRTH

County Navajo

State Arizona

Township .....

or Village Lakeside

City .....

No. ....

St. ....

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

### 2. Full name of child hella bardner

(If child is not yet a supplemental report.)

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature <u>X</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Feb. 16</u> (Month, day, year)
9. Full name <u>FATHER Joseph I. bardner</u>		5. Number, in order of birth	18. Full maiden name <u>MOTHER Sarah Iaphine Penno</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Lakeside</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Lakeside</u>			
11. Color or race <u>white</u>	12. Age at last birthday <u>29</u> (Years)	20. Color or race <u>white</u>		21. Age at last birthday <u>23</u>	
13. Birthplace (city or place) <u>Woodruff</u> (State or country) <u>Arizona</u>		22. Birthplace (city or place) <u>Pinetop</u> (State or country) <u>Arizona</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mechanic</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>garage</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>			
16. Date (month and year) last engaged in this work <u>To date</u> , 19 <u>32</u>		17. Total time (years) spent in this work		25. Date (month and year) last engaged in this work <u>To date</u> , 19 <u>32</u>	
26. Total time (years) spent in this work					

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation (months or weeks) 29. Cause of stillbirth (Before labor or During labor)

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at Pinetop m. on the date above stated (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.) Reported by Householder (Signed) Physician did not report M.I. or Wid Address Pinetop Filed April 15, 1932 L.E. Hansen Registrar. Reg.